



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
MENTORING PROGRAM APPLICATION

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. Return the completed form, required videotape, and a \$75.00 fee (cashier's check or money order made payable to MCDHH/BCI Fund) —**no personal checks accepted**—to the above address.

FOR OFFICE USE ONLY

Application Received:

Fee Paid:

Videotape Received:

APPLICANT INFORMATION

NAME (full name, including middle initial)		HOME TELEPHONE NUMBER (Voice/TTY/Both)
PREVIOUS NAME(S) (if any)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	Street	City State Zip Code County
EMAIL ADDRESS	CELL PHONE/PAGER (Cell/Pager/Both)	
NAME AND LOCATION OF COLLEGE/UNIVERSITY (City, State)		DEGREE EARNED & WHEN
NAME AND LOCATION OF HIGH SCHOOL (City, State)		DATE DIPLOMA OR EQUIVALENT ISSUED

INTERPRETING INFORMATION

CURRENT CERTIFICATION (check all that apply) <input type="checkbox"/> Novice <input type="checkbox"/> Apprentice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance <input type="checkbox"/> Comprehensive <input type="checkbox"/> Previously Tested <input type="checkbox"/> PCED <input type="checkbox"/> RCED (General) <input type="checkbox"/> RCED (K-6) <input type="checkbox"/> RCED (7-12) (Circle your Endorsement) ASL PSE SEE	<input type="checkbox"/> I currently hold a valid License issued by the Missouri State Committee of Interpreters; License # _____ (attach a copy of your license) EXPERIENCE How many years have you used sign language? _____ Circle what you have experience with: ASL PSE SEE How many years have you interpreted professionally? _____
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VIDEOTAPE

Along with this written application please submit a videotape that includes:
A. 5 minute introduction of yourself in sign language
B. Sample of your interpreting (10 minutes each) to include:
1. English to ASL Interpreting 2. English to PSE Transliterating 3. Voicing

GOALS FOR MENTORSHIP

PLEASE CHOOSE GOALS YOU WOULD LIKE TO WORK ON (check all that apply)
(You will be put in a small group that is working on two of the goals that you choose)

INTERPRETING:

TRANSLITERATING:

ASL to English

English to ASL

PSE to English

English to PSE

- ☐ Vocabulary Selection
- ☐ Fingerspelling (receptive)
- ☐ Classifiers (receptive)
- ☐ Register (presentation style)
- ☐ Content Accuracy
- ☐ Affect
- ☐ English Structure
- ☐ Composure

- ☐ Use of Space and Classifiers
- ☐ Sign Choice
- ☐ Use of Numbers
- ☐ Use of Non-Manual Signals (facial expressions)
- ☐ Fingerspelling (expressive)
- ☐ Clarity of signs
- ☐ Content Accuracy
- ☐ Register (presentation style)

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- ☐ Fingerspelling (receptive)
- ☐ Register (presentation style)
- ☐ Content Accuracy
- ☐ Affect
- ☐ English Structure
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- ☐ Sign Choice
- ☐ Content Accuracy
- ☐ Mouth Movements
- ☐ Fingerspelling
- ☐ Processing Time
- ☐ Clarity of Signs
- ☐ PSE Structure
- ☐ Use of Numbers

SIGNATURE

SIGNATURE OF APPLICANT

DATE